

RECEIVED

Date Received
Official Use Only

MAR 30 2009

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSIONSTATEMENT OF ECONOMIC INTERESTS
COVER PAGE*A Public Document*GOVERNOR'S OFFICE
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Anderson	Camille	-	(916) 445-4571	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
State Capitol		Sacramento	CA	95814
OPTIONAL: FAX / E-MAIL ADDRESS				

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Press Office

Your Position:

Deputy Press Secretary

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☒ State☐ County of _____☐ City of _____☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: ____/____/____☐ Annual: The period covered is January 1, 2008,
through December 31, 2008.

-or-

☒ The period covered is 05/07/08 through
December 31, 2008.☐ Leaving Office Date Left: ____/____/____
(Check one)☐ The period covered is January 1, 2008, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.☐ Candidate Election Year: _____**4. Schedule Summary**► Total number of pages
including this cover page: 2► Check applicable schedules or "No reportable
interests."I have disclosed interests on one or more of the
attached schedules:Schedule A-1 ☐ Yes – schedule attached
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes – schedule attached
*Investments (10% or greater Ownership)*Schedule B ☐ Yes – schedule attached
*Real Property*Schedule C ☐ Yes – schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*Schedule D ☐ Yes – schedule attached
*Income – Gifts*Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule**5. Verification**I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed

Signature

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name <u>Camille Anderson</u>	

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

<p>▶ NAME OF SOURCE <u>California State Protocol Foundation</u></p> <p>ADDRESS <u>1215 K Street, Suite 1400</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>11/16/08 - 11/19/08</u> AMT: \$ <u>360.¹²</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____